

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 20 July 2022

Subject: Manchester University NHS Foundation Trust Service Change Proposals

Report of: Director of Strategy (Manchester), NHS Greater Manchester Integrated Care and Director of Strategy, Manchester University NHS Foundation Trust (MFT)

Summary

The purpose of this paper is the present service change proposals for Clinical Haematology and Fetal Medicine that form part of the agreed plans to disaggregate services for the legacy Pennine Acute Hospital Trust (PAHT) and integrate North Manchester General Hospital (NMGH) services into Manchester University NHS Foundation Trust.

The paper provides an overview of the strategic context for change and the approach to developing and assuring service change proposals. It also sets out an overview of the service change proposals, along with further insight into key areas of focus highlighted during the engagement process.

Recommendations

The Committee is recommended to consider, question and comment upon the information in this report.

Wards Affected: Higher Blackley, Charlestown, Moston, Crumpsall, Harpurhey, Miles Platting & Newton Heath, Cheetham, Clayton & Openshaw, Ancoats and Beswick, Piccadilly and Deansgate.

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

None

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
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An Equality Impact Assessment has been completed for both service change proposals through a partnership approach between MFT and NHS Greater Manchester Integrated Care (Manchester).
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Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	N/A
A highly skilled city: world class and home grown talent sustaining the city's economic success	N/A
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	N/A
A liveable and low carbon city: a destination of choice to live, visit, work	N/A
A connected city: world class infrastructure and connectivity to drive growth	N/A

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

N/A

Financial Consequences – Capital

N/A

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

1. Service Change Proposals for Clinical Haematology and Fetal Medicine (July 2022)

1.0 Introduction

- 1.1 This report presents service change proposals for Clinical Haematology and Fetal Medicine in the context of previously agreed decisions taken in Greater Manchester to disaggregate services from the legacy Pennine Acute Hospital Trust (PAHT) and integrate North Manchester General Hospital (NMGH) into Manchester University NHS Foundation Trust (MFT) and the remainder of the PAHT sites into the Northern Care Alliance (NCA).
- 1.2 It provides an overview of the strategic context for change and the approach to developing and assuring service change proposals, as well as a description of the changes with key areas of focus highlighted during the engagement process.

2.0 Background

- 2.1 In January 2016, healthcare partner organisations in Manchester commissioned an independent review of the disposition and organisation of hospital services. This review concluded that the most effective route to achieve clinical, safety and efficiency benefits was to create a single hospital Trust for Manchester.
- 2.2 Following a CQC inspection in August 2016, the NHS Improvement regional team undertook an option appraisal in respect of the long-term future of PAHT. It concluded that the preferred option was for North Manchester General Hospital (NMGH) to be acquired by MFT, and for the other PAHT sites to be acquired by Salford Royal Foundation Trust (SRFT).
- 2.3 MFT formally acquired the NMGH site and services through a commercial transaction on 1 April 2021, and SRFT acquired the remaining elements of PAHT through a statutory transaction on 1 October 2021 and became the Northern Care Alliance (NCA).
- 2.4 MFT and the NCA have strong post-transaction joint working arrangements and are continuing the process of disaggregation to deliver benefits through integrating former PAHT clinical teams into larger single services operating across the Manchester and NCA footprints respectively. This includes investment in critical infrastructure including the new electronic patient record (EPR) system across MFT (including NMGH) in September 2022.
- 2.5 Without the implementation of integrated information systems within the new organisations it will not be possible to operate single services effectively, and the benefits of organisational integration will not be optimised. The time available prior to the new EPR implementation is limited, so MFT and NCA have agreed to focus on delivering the priority service changes where there are good reasons to deliver disaggregation prior to EPR implementation.
- 2.6 This report focuses on service change proposals for Clinical Haematology and Fetal Medicine. A similar proposal for Sleep services has been prepared. The

latter change affects Oldham residents only therefore Sleep service changes are being discussed with Oldham Health Scrutiny Committee.

3.0 A Framework for Developing and Assuring Service Change Proposals

3.1 Through the process of reviewing PAHT complex services for disaggregation, a framework for developing and assuring service change proposals has been developed (figure 1) through a collaborative process. It included input from MFT, NCA, specialist commissioning and senior leaders from NHS Greater Manchester Integrated Care¹

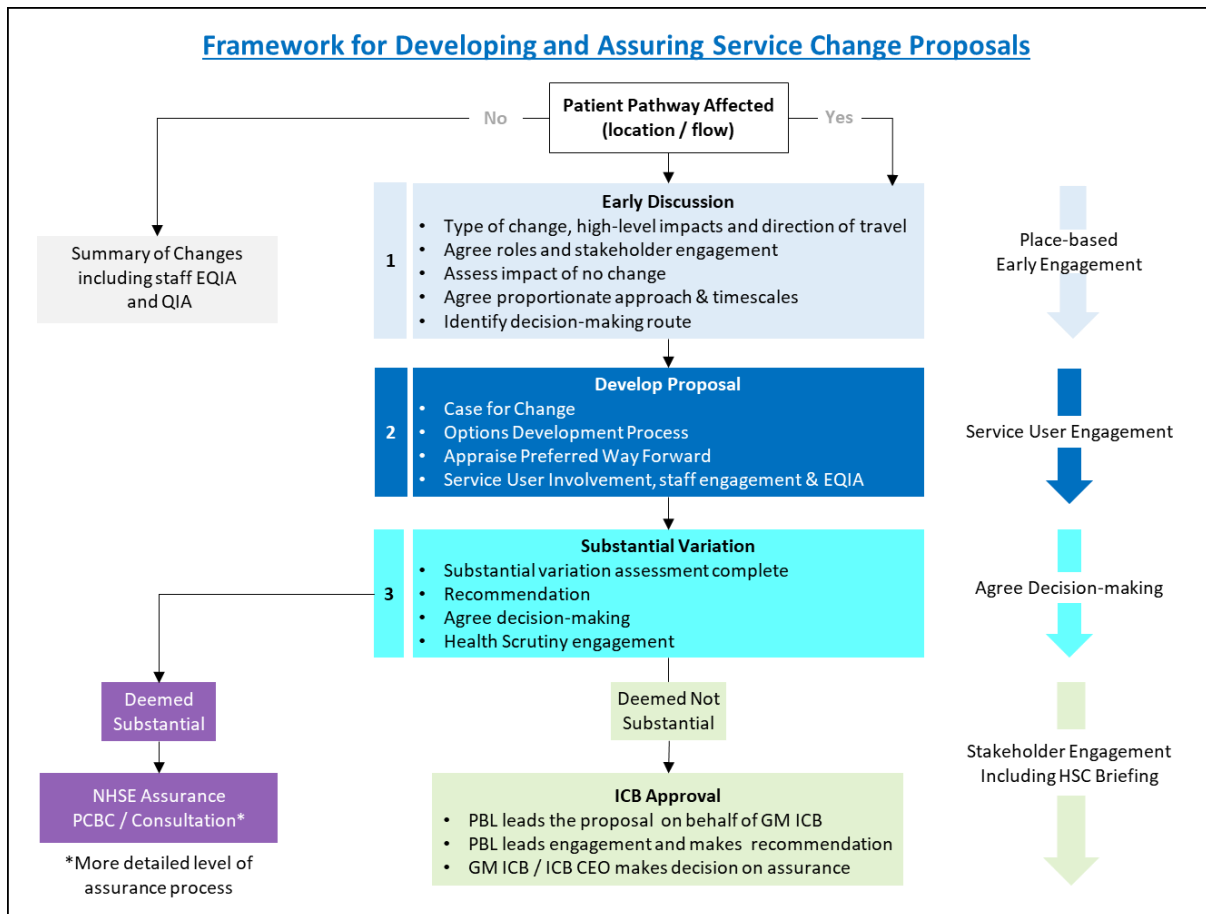


Figure 1

3.2 The framework draws on national guidance to provide a structured process to developing service change proposals where there is a change to a patient pathway (location or flow). It builds on key aspects of early discussions with key stakeholders to develop proposals that include service user engagement that are then assessed to determine whether the change constitutes substantial variation or not.

¹ Includes representation from Manchester, Trafford, Bury, Heywood, Middleton and Rochdale, Oldham and Salford.

- 3.3 There is no legal definition of 'substantial variation' therefore a process for local determination has been developed using the following five domains (with some relevant examples given):
1. **Patient population affected** e.g. number of patients affected.
 2. **Access** e.g. travel impacts.
 3. **Type / rationale for proposed service change** e.g. wholesale loss of service or partial change to existing service provision with local access retained.
 4. **Wider community and other services** e.g. impact on co-dependent services.
 5. **NHSE four tests and stakeholder views** e.g. strong public engagement.
- 3.4 The framework has been used to develop the service change proposals for Clinical Haematology and Fetal Medicine. Any key learning will then be incorporated into the approach to support future service change proposals.
- 3.5 As Greater Manchester transitions to new ICB arrangements from July 2022 the agreed process for decision-making for the service changes as outlined in this report is for a nominated Place Based Lead to lead the work on behalf of the GM ICB with a recommendation to be made to GM ICB / ICB Chief Executive for final decision to approve and assure changes.

4.0 Service Change Proposals

- 4.1 The service change proposals for Clinical Haematology and Fetal Medicine are summarised in appendix 1.
- 4.2 The proposal for Clinical Haematology services at NMGH is to discontinue the current provision on an outreach basis from the hub at Royal Oldham Hospital and replace this with an equivalent service outreaching from Manchester Royal Infirmary for North Manchester residents, as part of the MFT suite of clinical services. This affects approximately 300 patient per year, noting that some of these patients will have repeat/multiple visits for the day case element of their care.
- 4.3 The proposal for Fetal Medicine is that for approximately 300 pregnant women per year from the North Manchester catchment who require more specialist investigation and care that they will be referred to attend the Fetal Medicine service at the Saint Mary's Oxford Road site, rather than to the service at the Royal Oldham hospital site. Approximately one third of these patients typically require an onward referral to Saint Mary's in any case, so the new proposal will remove a step in the pathway for approximately 100 women.
- 4.4 Following a decision-making process through NHS Greater Manchester Integrated Care, it is intended that both changes will take place by September 2022.
- 4.5 Continuous engagement forms a critical part of the proposals. This includes engagement through North Manchester Maternity Voices Partnership and

Manchester's Patient and Public Advisory Committee, interviews with service users in outpatients at NMGH, development of an Equality Impact Assessment (EQIA) through a partnership approach, and planned support from Healthwatch. Based on feedback the following areas form key aspects of our continued focus to support our residents with any service changes.

5.0 Travel

- 5.1 The initial travel analysis provides objective information in terms of the potential benefits/impacts of both service change proposals. The process of gathering feedback from service users and key stakeholders has provided rich information that has provided insights on other areas of focus to assess for impact. Important matters for our population include car parking (both cost and accessibility), and information on public transport routes and travel options that includes understanding any impacts in terms of the number of buses and walking distance required.
- 5.2 As part of the service change proposals we will continue to ascertain further detailed insights on a continuous basis to ensure we are able to communicate effectively and support all patients. This will also inform our approach to any potential future services changes.

6.0 Digital Inclusion

- 6.1 Feedback through the engagement process has also emphasised the importance of digital inclusion. MFT is actively working towards digital inclusion so that existing inequalities are not further exacerbated, and the Trust is committed to delivering its part in tackling digital poverty and inclusion alongside our partner initiatives.
- 6.2 The NMGH digital strategy includes digital inclusion as a core part of the foundational enablers, seeking to co-design solutions with user groups to capture a diverse range of needs. This includes language, platform accessibility, network connectivity and to work with local and community partners to define collaborative initiatives that pool insight and resources.
- 6.3 For the specific service changes, we recognise the need for continuous focus on fostering digital inclusion. The new electronic patient record at MFT includes the myMFT app. This will offer a much more user-friendly interface, so for patients who do have access to a mobile phone / smart device, access to information will be much improved.
- 6.4 For those without digital access a full range of options will be in place including hard copy appointment letters and numbers to contact a responsive booking/scheduling team etc. As part of the wider disaggregation process NMGH is establishing a local booking and scheduling function which will be better informed and more focussed on local services than previous arrangements.

7.0 Engagement and Support for Service Users

7.1 The service change proposals include plans to ensure highly effective communication with our residents and support to guide people through the process as required. This includes plans to include hard copy public transport information within the appointment letter and for communications to support patient choice, we will ensure that the language is clear and simple, doesn't create any unnecessary barriers, and that there are multiple options for responding.

8.0 Recommendations

8.1 The Committee is recommended to consider, question and comment upon the information in this report.